been exposed to much fatigue and cold. Soon after her return she was first attacked with this disease, which existed and continued increasing for four years before she was tapped, since which time the operation was performed, on an average, once every six weeks.

Since the opening of the North Union Workhouse, she had been an inmate of that establishment, and was operated on by Dr. Kirkpatrick 47 times, a large bucketful of fluid being removed at each operation.

The fluid was usually thin, serous, and highly coagulable; on one occasion it had a milky appearance, and on another was tinged with blood. The day following each operation, she was always attacked with symptoms resembling peritonitis, viz., great abdominal tenderness, small and rapid pulse, and extremely anxious countenance; but these symptoms yielded to the free administration of opium. She died of an attack of pleuritis, the interval between the last operation and her death being eight weeks. The left ovary was chiefly affected; in it were three cysts: one of considerable size, that which had been so frequently tapped; the other two were developed in its walls; that on the right side was the size of a small melon, and, no doubt, had been the cause of a failure which occurred in the operation whenever that side of the abdomen was selected for the place of the puncture, the fluid suddenly ceasing when a certain quantity had flowed away. A cyst about the size of an orange also existed in the right ovary. The entire tumour was easily removed, the adhesions being slight and the pedicle by which it was connected to the uterus exceedingly narrow. The uterus itself was free from disease, and the abdominal viscera healthy. In the chest were observed the effects of the pleuritis which had caused her death, but both heart and lungs were sound.

This case is most interesting, from the circumstance of an operation having been so frequently performed without bad results. The statistics of this operation show that it is very often followed by fatal consequences. In a table of cases lately collected by Dr. Churchill, 14 cases out of 20 died within nine months after the first tapping.—*Dublin Hospital Gazette*, Feb. 1, 1846.

52. *Mode of Curing Obstinate Ulcers.* By J. Bresciani de Borsa.—When I have met with very old ulcers, especially those of the leg, which resist every other method of treatment, I have obtained their sound cicatrization by instituting, by means of caustic potass, a new ulcer in the vicinity. I make in a piece of adhesive plaster a hole, somewhat smaller in size than I wish the artificial ulcer to be, and then apply it at one or two fingers' breadth from the old sore. Caustic potass is rubbed on this space until an eschar is formed; and I have constantly observed that during the consequent inflammatory and suppurative processes, the old solution of continuity, which had so obstinately resisted treatment, has closed up, and the cicatrix has in general continued sound.

"If the healed ulcers had resulted from a disordered constitution, to the appropriate internal treatment, I add either an issue in some usual spot, or place a small portion of wax in the artificial ulcer itself when nearly healed, so as to convert it into a common issue, which contributes much to efficient treatment, as by such prudential precaution I have never seen any mischief produced in the constitution of those who had long been subject to obstinate ulcers. If the ulcer was produced by a traumatic cause, after it has become healed, the artificial one may also be cicatrized as soon as possible without any injury resulting.

"In my practice I have cured more than a hundred cases in this manner, and many instances have occurred in the hospital where I have cured ulcers of twenty or thirty years' standing."—*Med. Chirurg. Rev.*, April, 1846, from *Saggi di Chirurgia Teorico-Pratica.*

53. *Death from Puncture of the Membrana Tympani for the cure of Deafness.* (*Dublin Med. Press*, April 1, 1846.)—Dr. Butcher read to the Surgical Society of Ireland, (March 21, last,) a very interesting paper on puncturing the membrana tympani, in which he related two well marked examples of loss of life following this operation.

The first was the case of a young woman who was deaf in both ears for four years. Prior to this period she got a severe cold, with swelling of all the glands round the neck. So complete was the deafness, that she could not distinguish

between the loudest noises. Catheterism of the Eustachian tube was performed and said to fail. Hence it was agreed upon that the membrane of the tympanum should be pierced, which was done, a small piece being drilled out of the membrane of the right side. Immediately after the operation the hearing was greatly improved. Next day intense pain was experienced in the ear. Suitable remedies were applied, and in forty-eight hours a profuse discharge took place from the ear. This varied much in quantity, day after day, for two months, all the time the hearing being slightly benefited. In eleven weeks after the operation the patient became more deaf than ever, and was constantly complaining of flying pains through the head; at one time fixing in the forehead for a few hours, at another in the occiput, and frequently in the temple, particularly in the right ear; at times not exceeding a dull heavy weight, but at others aggravated to the greatest torture. In this state she continued, one day better, another worse, for four months, when she was attacked with rigors, rapid pulse, intolerance of light, and all the symptoms of disease in the brain, after which she died on the third day.

On examination after death, an abscess was found in the lower part of the middle lobe of the brain. No opening could be detected through the petrous portion of the temporal bone, but the dura mater covering it was roughened on the surface, and softened in its texture, particularly near the internal auditory foramen. The membrana tympani was entirely destroyed, and the lining membrane of the tympanum was considerably thickened and villous on its surface.

The following case is far more interesting. It is that of a young man, ætat. 20. He complained of deafness in the right ear twelve months prior to his death. Having gone to a surgeon in this city, he had his tympanum pierced. At first his hearing was slightly improved, but in three weeks after it relapsed as bad as before; but from this period he had superadded periodic attacks of headache, loud noises being particularly troublesome to him; always a dull heavy pain in the affected ear, which at some periods became most excruciating; ultimately general indisposition set in, restless nights, loss of appetite, those periodic headaches, rambling with greater or less intensity to various parts of the head, together with an unaccountable lassitude, marked his history up to a fortnight previous to his death, when he was seized with rigors and all the symptoms of fever. An eminent surgeon in this city was then called in. The head symptoms all through were most alarming, and though treated most energetically, the symptoms gained ground, and he died. I was asked by the surgeon in attendance to make an examination of the head. The following are the appearances which presented themselves. The pia mater was exceedingly vascular. On cutting into the ventricles, at least six ounces of thin straw-coloured fluid was contained in them. There was softening of the septum lucidum, the thin and thread-like bands of the white structure floating in the fluid; the dura mater and pia mater towards the middle fossa of the right side of the base of the skull was far more vascular than elsewhere, and on lifting up with great care the middle lobe of the right hemisphere of the brain, a streaking of purulent matter of healthy character was found communicating with an abscess about the size of a small walnut, in the anterior part of the right lobe of the cerebellum. The briny matter all round this abscess was rendered very firm. The dura mater covering the upper and under surface of the petrous portion of the temporal bone was much thickened and roughened on its surface. A small tumour about the size of a bean lay on the auditory portion of the seventh pair of nerves. I had not an opportunity of examining the bony structure of the ear, the patient being in the better class of society. The *rationale* of these cases is plain; inflammation attacked the tympanum after the operation, and was transmitted to the brain.

Professor Jacob expressed his belief that numerous instances of a similar kind have occurred as the consequence of putting this operation in practice where it need not and should not have been resorted to. Persons are in the habit, he observed, of performing the operation, well knowing that whatever relief is obtained, is solely of a temporary character. It was unquestionable, in fact, he said, that it is often done merely as a means of obtaining a certain amount of celebrity from this temporary enjoyment of hearing; in the same way that the itinerant oculists were in the habit formerly of going about performing the operation of couching, and acquiring celebrity from the temporary restoration of sight,

caused by the removal of the opaque lens from the axis of vision; never waiting in any town long enough for the inflammatory action to set in, which most frequently terminated in total blindness. The cases recorded by Sir A. Cooper in which this operation was performed by him, and their results were, Professor Jacob observed, not many: but though Sir Astley did perform the operation frequently, he did it in a very delicate manner, by merely passing the sharp end of a common silver probe in and out of the membrane. Dr. Jacob had himself seen him perform the operation. Sir Astley used at the same time to state to the students that the improvement produced would be merely temporary. The introduction of the practice had nevertheless been the source of considerable celebrity to Sir A. Cooper, who received the Copley medal for his communication, published in the Philosophical Transactions, though before a year had elapsed it was found that the operation was by no means attended with the success that was generally anticipated; at the same time it is, as he had already observed, very generally practised by men who grasp at the credit so obtained for the time, regardless of the consequences and the sacrifices made to obtain a celebrity so unenviable.

OPHTHALMOLOGY.

54. *Melanosis of the Eye.* By W. Lawrence, Esq., (*Lond. Med. Gaz.*, Oct. 3, 1845.)—In a clinical lecture delivered at St. Bartholomew's Hospital, Mr. Lawrence has made some interesting remarks on melanosis of the eye, and related two cases, the most important points in relation to which we shall present to our readers.

Case I.—*Melanosis of the left eye—Extirpation of the globe at an early period—Death in three years and three-quarters after the operation, from secondary disease of the liver, pancreas, ovaries, and other parts.*—Elizabeth Rute, a female of rather stout frame, and healthy appearance, who had always enjoyed good health, was admitted into St. Bartholomew's, Oct. 7, 1841, as a venereal patient, on account of superficial ulcerations and mucous tubercles of the external organs. She said that her age was 20, but she was probably two or three years older.

A few days afterwards, she called my attention to the state of her left eye, of which she had made no complaint at the time of admission. It was red, watering, and painful, and presented serious changes in the state of the iris and lens. It appeared, on inquiry, that six months ago, without previous suffering, she had discovered accidentally that she was blind on that side. She experienced no inconvenience, until three months after, when pain came on in paroxysms so severe as to induce her to become out-patient at the Ophthalmic Hospital in Moorfields. She discontinued her attendance after two months, in consequence of her confinement, during which time the paroxysms were less frequent and severe.

We found the conjunctival vessels, and those of the sclerotica slightly injected; the cornea transparent; the iris dark-coloured, dull, and motionless; the pupils widely dilated; the crystaline lens of a dull dingy hue: both iris and lens were in contact with the cornea. Three small staphylomatous projections, one above and two below the middle of the globe, occupied the outer part of the sclerotica, close to the edge of the cornea. Large tortuous vessels of venous character ran over the two lower. Vision was totally lost; there was constant pain, which was occasionally very severe. The suspicion of melanosis immediately occurred to my mind. The presence of a morbid growth in the back of the globe would account satisfactorily for the changes of appearance and position in the iris, pupil, and lens, as well as for the partial absorption of the sclerotica. Leeches were applied three times to the left temple, with benefit; but the pain was not entirely removed.

As the appearances above described might be accounted for by the formation of fluid within the globe, although I did not think it probable, I punctured one of the staphylomatous projections with a grooved needle. No fluid escaped. Entertaining no further doubt respecting the nature of the complaint, I explained to the patient the necessity of the operation, to which she readily consented. The globe